

**KUCHING AUTISTIC ASSOCIATION
PERSATUAN AUTISME KUCHING**

Lot 5492, Block 225 KNLD, Lorong 15, Jalan Desa Wira Batu Kawa, 93250 Kuching, Sarawak
P O Box 2492, 93748 Kuching, Sarawak, Malaysia.
Tel:082-686363 Fax:082-686362
Email:kaakch@gmail.com

Membership Application Form

1	Full Name:	
2	Date of Birth:	
3	Place of Birth:	
4	Old IC No.	
5	New IC No.	
6	Gender:	
7	Race:	
8	Marital Status:	
9	Home Address: Postcode:	House Phone: Hand Phone: Fax: Email:
10	Occupation:	
11	Company Name:	
12	Office Address: Postcode:	Office Phone: Fax No:
13	Are you a parent of an autistic child? (Yes /No)	
14	Name of the Child:	Type of problem:
15	Date of Birth of the Child:	

Entrance fee: RM20.00 Annual Subscription Fee: RM50.00

**Member who does not pay the annual subscription fee for more than 2 years will be automatically cease to be a member of KAA.*

Please tick as appropriate:

- I would like to be a volunteer for KAA centre.
 I am interested in KAA fund raising projects.

Declaration

I certify the above details given are correct and I promise to abide by the law and regulation of the association.

Signature: _____

Date: _____

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For Office Use

Receipt No: _____

Membership No: _____